

Abstracts

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OBJECTIVE: To examine the degree of association between medical conditions and work-loss and to estimate the costs associated with work absenteeism among workers in US during 2001. **METHODS:** Data were extracted from the 2001 Medical Expenditure Panel Survey, a nationally representative survey of medical care use and expenditures conducted by the Agency for Healthcare Research and Quality. The study sample included heads of household, 23–65 years old, who were employed for the entire year (not self employed). Of interest was the incidence of work loss during 2001. Additional information was collected on number of work days lost during the year, the associated medical conditions based on ICD-9-CM codes and other demographic and employment characteristics. Logistic regression was used to assess association of medical conditions with work absenteeism controlling for other characteristics. **RESULTS:** In total, 4687 persons were identified. Mean age was 40.6 years, 54.4% were male, 18.8% were non-white, and 51.2% had at least high-school education. Workers earned on average \$16.8 per-hour, and worked 41.5 hours-per-week. Work loss was reported by 2614 persons (55.8%), who on the average lost 8.5 work-days per year (median 3.3 days), valued at \$1069 based on reported hourly wages (median \$365). After adjusting for other demographic and employment characteristics, logistic regression analysis revealed that medical conditions were significant predictors of absenteeism. Specifically (odds ratio; 95% confidence intervals): infectious diseases (5.0; 4.1–6.2), mental disorders (1.6; 1.3–2.0), respiratory system (3.3; 2.9–3.8), digestive system (2.5; 2.0–3.1), and musculoskeletal system (1.8; 1.6–2.2). Absenteeism was more likely to be reported among females (1.4; 1.3–1.7) and those with sick benefits (1.3; 1.1–1.5). **CONCLUSION:** Medical conditions are significant predictors of work loss and associated costs. To reduce incidence and costs associated with work loss, effective policies would need to address the use of effective disease prevention measures and chronic disease treatments.

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OUTCOMES OF TECHNOLOGY APPLICATION ON PHARMACISTS JOB PERFORMANCE: THE ROLE OF PERSONAL DIGITAL ASSISTANTS

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OBJECTIVE: The objective of this study was to evaluate the outcomes associated with the use of Personal Digital Assistants (PDAs) by pharmacists' working in retail and hospital setting using Extended Technology Acceptance Model (ETAM). **METHODS:** A cross-sectional study was conducted by administering a survey to pharmacists (N = 285, Retail = 138, Hospital = 147) in the Houston metropolitan area. A prevalidated questionnaire using thirty items, five-point strongly disagree (1)—strongly agree (5) Likert scale was used to measure pharmacists' perceived usefulness and intention to use PDAs. Data along with demographic information such as age, gender, education, income and practice setting were collected, coded, and analyzed using SAS at a set priori significance level of 0.05. Descriptive, correlation and stepwise regression analyses were performed to predict pharmacists' intention to use PDAs. **RESULTS:** Among the surveyed population only 35% of retail pharmacists' owned a PDA in comparison to 64% of hospital pharmacists'. Overall, pharmacists' in both retail and hospital settings indicated that PDAs' can improve job efficiency (55%) and be a cost effective tool (63%) in providing patient care. Further, spearman correlation analysis indicated high correlation between perceived usefulness and intention to use PDAs in hospital setting ($r = 0.78$, $p < 0.001$). However, in retail setting result

demonstrability, tangibility and communicability of the results associated with the use of PDAs' was highly correlated with intention to use ($r = 0.62$, $p < 0.001$). ETAM was able to explain 55% and 71% of variance in retail and hospital pharmacists' intention to use PDAs respectively. **CONCLUSIONS:** The ETAM model, specifically, variables such as perceived usefulness, attitude, and result demonstrability were useful in predicting pharmacist's intention to use PDAs in both the settings. As technology advances, PDAs would provide pharmacists' an affective tool for improving efficiency in job and subsequently the patient care related outcomes.

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EXAMINING THE QUALITY OF HEALTH ECONOMIC ANALYSES SUBMITTED TO THE PHARMACEUTICAL BENEFITS BOARD IN SWEDEN.—DATA FROM THE FIRST TWO YEARS

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OBJECTIVES: To assess the quality of the health economic material submitted to the Swedish Pharmaceutical Benefits Board (PBB) as part of the application for reimbursement for new pharmaceuticals. The cost per QALY in the submitted material and how this has related to the PBB's decision is also presented. **METHODS:** The health economic evaluations were reviewed independently by two reviewers against two check lists, marking each question Yes/No/Not Applicable. The checklists used were: 1) The PBB Guidelines transformed into yes or no questions and 2) The QHES check list, which is a validated instrument. The central estimate, or base case, cost effectiveness was collected (preferably cost per QALY) as well as whether the application was accepted or rejected by the PBB. **RESULTS:** The scores on the PBB check list range from 0.24 to 0.87 and on the QHES from 0.09 to 1, with a mean quality of 0.61 and 0.67 respectively. Due to Swedish-specific criteria in the PBB list, there is only a modest correlation between the two instruments of 0.7. The baseline cost per QALY in the applications range from negative values (i.e. a cost-saving drug) to approximately 65,000 Euros. There was a low observed correlation between quality score and acceptance by the PBB. Likewise, the correlation between cost per QALY and decision to accept/reject is low or non-existent. **CONCLUSIONS:** 1) Health economic material as part of applications to PBB varies heavily in quality. 2) Due to the relatively small number of applications supported by substantial health economic evidence and the even fewer rejections, it is difficult to draw firm conclusions regarding the value the PBB places on a QALY.

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EVALUATING PHARMACEUTICALS FOR REIMBURSEMENT IN KOREA

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OBJECTIVES: Introduction of a compulsory economic evaluation policy for pharmaceutical reimbursement was enacted in Korea in 2000, but has yet to be fully implemented. Concerns about the quality and availability of population specific clinical data, treatment patterns, health care prices and subsequent cost-effectiveness data have been raised. We evaluated the quality of Korean economic evaluation studies of pharmaceuticals to understand gaps. From this, we propose policy options that might strengthen the research infrastructure in order to support such studies. **METHODS:** We reviewed 21 published studies of drugs conducted between 1996 and 2004. We utilized a pub-